



USDA NATIONAL HUNGER CLEARINGHOUSE DATABASE FORM

Facilitating the exchange of information, resources and ideas
among organizations fighting hunger and poverty.

This information is being collected to assist the Food and Nutrition Service in collecting, developing, and distribute information and resources to help build the capacity of emergency food providers to address the immediate needs of struggling families and individuals. This is a voluntary collection and FNS will use the information to fight hunger and improve nutrition by increasing participation in the FNS nutrition programs through the development, coordination, and evaluation of strategic initiatives, partnerships, and outreach activities. This collection does not request any personally identifiable information under the Privacy Act of 1974. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0474. The time required to complete this information collection is estimated to average [0.0833] hours per response (5 minutes), including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, 1320 Braddock Place, 5th Floor, Alexandria, VA 22306 ATTN: PRA (0584-0474). Do not return the completed form to this address.

The following information will be added to the USDA National Hunger Clearinghouse Database, an online resource that provides information about food assistance to the public. Please complete this form and return it to Hunger Free America.

Date: _____ Organization Name: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ ext: _____ Fax: _____ Email: _____

Hours of Service: _____ Website: _____

Would you like to receive our monthly e-newsletter? Yes No

Organizational Information:

How would you classify your organization? (select all that apply)

- | | | |
|--|--|------------------------------------|
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Education Institution | <input type="checkbox"/> Labor |
| <input type="checkbox"/> Coalition | <input type="checkbox"/> Emergency Food Provider | <input type="checkbox"/> Religious |
| <input type="checkbox"/> Direct Services | <input type="checkbox"/> Funder | |

What is your organization's target population? (select all that apply)

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Families | <input type="checkbox"/> Immigrants | <input type="checkbox"/> Youth |
| <input type="checkbox"/> Homeless/Unemployed | <input type="checkbox"/> Senior Citizens | <input type="checkbox"/> Other _____ |

Where does your organization provide services?

- | | | |
|--|---|---|
| <input type="checkbox"/> Business | <input type="checkbox"/> Extension Service | <input type="checkbox"/> Religious Institution |
| <input type="checkbox"/> Child Care Center | <input type="checkbox"/> Farm | <input type="checkbox"/> School |
| <input type="checkbox"/> College University | <input type="checkbox"/> Health Care Facility | <input type="checkbox"/> Senior Citizen Center |
| <input type="checkbox"/> Community Center | <input type="checkbox"/> Home/Residence | <input type="checkbox"/> Shelter |
| <input type="checkbox"/> Correction Facility | <input type="checkbox"/> Organizational Offices | <input type="checkbox"/> Soup Kitchen/Food Pantry |
| <input type="checkbox"/> Detention Facility | <input type="checkbox"/> Public Housing | |

What area does your organization serve?

- | | | |
|---------------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> County | <input type="checkbox"/> Regional | <input type="checkbox"/> Suburban |
| <input type="checkbox"/> National | <input type="checkbox"/> Rural | <input type="checkbox"/> Urban |
| <input type="checkbox"/> Neighborhood | <input type="checkbox"/> State | |

USDA National Hunger Clearinghouse - Hunger Free America's Grassroots Action Network
50 Broad Street, Suite 1520
New York, NY 10004
Tel: 212-825-0028
Fax: 212-825-0267

HUNGERFREEAMERICA.ORG

Agency Services
(Please Mark All That Apply)

Children Service:

- After School
- Day Care/Childcare
- Foster Care/Childcare
- Other _____

Counseling:

- Case Management
- Crisis Hotline
- Domestic Violence
- Drugs and Alcohol
- Family Support
- Individual
- Referral Services
- Sexual Assault
- Other _____

Education:

- ESL
- Head Start
- Nutrition Education
- Prison Re-entry Program
- Other _____

Food Assistance:

- Community Support Agriculture
- Farmer's Markets (EBT)
- Food Bank
- Food Delivery
- Food Pantry
- Kids Café
- Meals On Wheels
- Soup Kitchens
- Other _____

Government Programs:

- Child and Adult Care Food Program
- CSFP
- Earned Income Tax Credit
- Farmer's Market Nutrition Program
- FEMA/Disaster Relief
- Home Emergency Relief
- Senior Farmer's Market Nutrition Program
- SNAP (formerly known as "Food Stamps")

- Summer Food Service Program
- TANF
- TEFAP
- WIC
- Other _____

Health Care:

- Health Clinic
- Prescription Assistance
- Other _____

Homeless Services:

- Drop In Center
- Emergency Shelter
- Halfway Home
- Transitional Housing
- Other _____

Housing:

- Appliances/Furniture
- Home Repairs
- Rent Subsidy
- Utilities Assistance
- Weatherization
- Other _____

Jobs:

- Career Counseling
- Job Placement
- Job Readiness
- Other _____

Other Services:

- Clothes
- Hunger Hotline
- Thrift Store

Do you perform advocacy work? If so, please indicate what kind. Yes No _____

Do you provide transportation services? Yes No

Do you accept food donations? Yes No

Do you provide seasonal services? (i.e. Christmas baskets) Yes No

Mission Statement: _____

*****Please write or attach a description of your organization's background and programs*****

Contact Information

The following information is for internal use only. Please provide the contact information for your organization's contact person. Hunger Free America will provide periodic updates on food assistance resources.

First Name: _____ Middle Initial: _____ Last Name: _____

Title: _____ Phone: _____ ext: _____

Mobile Phone: _____ Fax: _____ Email: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____